



Health Capsule

The Division of Pensions and Benefits ♦ For County, Municipal, and School Board Employees ♦ Issue #16

SHBP Open Enrollment for Plan Year 2004

The State Health Benefits Program (SHBP) Open Enrollment period is your annual opportunity to review your health benefits and to make any changes to the coverage provided to you and your dependents. This year's Open Enrollment will be held for all eligible employees from October 1 through October 31, 2003. Any coverage changes made during Open Enrollment will become effective as of January 1, 2004.

How to Enroll and/or Make Changes

The Open Enrollment period is your chance to closely examine your health care coverage to make sure that your health plan has the services you and your dependents need, and the providers you want are available to you. You may:

- ♦ enroll in a plan offered by the SHBP if you have not previously done so;
- ♦ change to another SHBP plan;
- ♦ add eligible dependents you have not previously enrolled;
- ♦ drop dependents; and/or
- ♦ enroll in or change your level of coverage for the SHBP Employee Prescription Drug Plan (if your employer participates).

To make a change to your coverage, contact your human resources representative or benefits administrator to obtain an application. Health and/or prescription drug coverage changes are made on the same application. **Completed applications must be returned to your human resources representative or benefits administrator by October 31, 2003 (or the date established by your employer).** Do not send applications directly to the SHBP.



Fall 2003

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COBRA for Overage Dependents

Do you have a child who turned/or will turn age 23 during this year? A dependent child who is age 23 as of December 31 will automatically be deleted from your coverage and is ineligible for coverage under your SHBP plan after December 31, 2003. However, your overage child may continue the same group coverage under the provisions of the federal COBRA law.

Under COBRA, your overage dependent will be billed once a month for the COBRA coverage (cost plus a 2 percent administrative charge) and can continue the coverage for up to 36 months. Dependents may enroll in any of the health and/or prescription benefits under which they are currently covered.

To ensure receipt of a COBRA notice and application, you must notify your benefits administrator if your dependent is no longer eligible. Your dependent child must submit a completed COBRA application within 60 days of the date your employer provides you with a COBRA notice or 60 days from the date of termination, whichever is later.

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Retirement Planning?

Knowing your options is very important when planning for your retired SHBP coverage. For those who may be retiring soon, the *Health Capsule* will now feature important developments for retired SHBP coverage. The following items are regarding recent changes to retiree benefits that may be helpful to those who may be retiring in the near future.

Retiree Prescription Drug Plan Change for NJ PLUS and Traditional Plan

For plan year 2004 the copayments for retirees participating in the **Traditional Plan** and **NJ PLUS** will be increasing slightly to \$6 for generic, \$13 for preferred, and \$26 for other brand prescription drugs. The mail order copayments for a 90-day supply will increase to \$6 for generic, \$19 for preferred, \$32 for other brands. The out-of-pocket maximum has increased to \$474.



NJ PLUS and HMO Service Areas Expand Beyond New Jersey

While many retirees stay in New Jersey, some retirees choose to move to other states. In recent years the SHBP has worked very closely with all of its participating plans to expand our service areas to offer coverage other than the Traditional Plan to retirees who live in areas outside of New Jersey. The following is a list of service areas outside of New Jersey and contact numbers for each plan:

Health Plan	Member Service Phone #	Service Area (outside New Jersey)
NJ PLUS	1-800-414-7427	Throughout Delaware, North Carolina, South Carolina, Virginia, Florida; and in parts of New York and Pennsylvania.
Aetna	1-800-309-2386	Throughout Connecticut and Delaware; and parts of Arizona, Florida, Illinois, Indiana, Maryland, New York, North Carolina, Ohio, Pennsylvania, Texas, and Virginia.
CIGNA	1-800-244-6224	Throughout Arizona, Connecticut, Delaware, South Carolina, and Washington, D.C.; and in parts of California, Florida, Georgia, Maryland, New York, North Carolina, Pennsylvania, Virginia, and West Virginia.
Oxford	1-800-760-4566	Parts of New York.
Amerihealth	1-800-877-9829	Throughout Delaware and in parts of Pennsylvania.
Health Net	1-800-441-5741	Throughout Connecticut and in parts of New York and Pennsylvania.

COBRA for Overage Dependents

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Overage dependents with disabilities

Unmarried children with disabilities who turn age 23 in 2003, who are still dependent on you for support, may remain on your health plan upon approval of their disabled status. Requests for the continuation of coverage must be sent to the SHBP by the January 31, 2004 deadline. To apply for an extension of health benefits coverage for a dependent with disabilities, write to the Division of Pensions and Benefits, State Health Benefits Program, PO Box 299, Trenton, NJ 08625-0299 or call (609) 292-7524. Please provide your name, address, and Social Security number, and ask for the *Request for Continuation for Dependent with Disabilities* form.

Online Help for Making Health Plan Choices

Choosing the right health plan is important. Having the right tools can make those tough decisions a little easier. If you have Internet access at home or at the public library, consider trying the following online methods to choose the best health plan for you and your dependents:

- ◆ **The SHBP's Unified Provider Directory can help you find out what health plans a doctor or health care provider participates in.**

If you have a specific doctor or other type of provider you want to see, find out if he or she participates in the health plan. To get this information, use the SHBP's Unified Provider Directory at www.state.nj.us/treasury/pensions/shbp.htm

Are there other providers, specialists, or facilities you think you may need? The SHBP's Unified Provider Directory lets you search by ZIP Code for a convenient doctor or hospital. However, be sure to check with the provider's office to confirm that they are accepting new patients.

- ◆ **The SHBP's *Summary Program Description* and the *Comparison Summary* are available on the SHBP's home page. These publications can help you determine if a health plan offers the benefits you want and what you might expect your out-of-pocket expenses to be.**

See the January 2003* versions of the *Summary Program Description* and the *Comparison Summary*. These publications may be viewed online at: www.state.nj.us/treasury/pensions/shbp.htm or to obtain a copy of the *Summary Program Description* by mail, contact the Office of Client Services at (609) 292-7524. To obtain a copy of the *Comparison Summary* chart by mail or fax call the Benefit Information Library at (609) 777-1931 and enter information selection number "250"; at the end of the recording follow the instruc-

tions to have the form mailed or faxed to you.

**The Summary Program Description and the Comparison Summary will not be updated for this Open Enrollment; please refer to the current versions these publications.*

- ◆ **The New Jersey HMO Performance Report: Compare Your Choices and the "Plan Comparison Tool" advises which health plans in New Jersey perform the best.**

Each year the New Jersey Department of Health and Senior Services releases its *New Jersey HMO Performance Report: Compare Your Choices*. The report provides information on how HMO's in the State are performing in providing quality care and how the HMOs own members regard the plan.

New Jersey health plan overall performance was measured in four broad areas: service and access, doctors and medical care, staying healthy, and getting better/living with illness. Each area is made up of several performance measures that are compared with the overall New Jersey plan average.

The full 2002 report, the latest version, is available over the Internet on the Department of Health and Senior Services' home page at: www.state.nj.us/health/hmo2002 Upon entering the site, click on "Compare Your Choices" and you can construct your own report card by selecting any number of plans to compare using the Plan Comparison Tool. Once you select the plans you wish to compare, the Plan Comparison Tool provides a side-by-side assessment of each plan's performance for each individual measure.

To obtain a copy of the full performance report by mail, contact the New Jersey Department of Health and Senior Services, Office of Managed Care, PO Box 360, Trenton, NJ 08625-0360, or call 1-800-418-1397.

Source: 2002 New Jersey HMO Performance Report: Compare Your Choices.

Oxford Mail Order Prescription Drugs

Mail order prescription drug copayments for members participating in **Oxford** now meet the standard three-tier approach set for HMO plans that are part of the SHBP. Beginning January 1, 2004, the copayments for a 90-day supply are as follows: \$5 for generic; \$10 for preferred brands; and \$20 for all other brands.

For more information about how to obtain prescription drugs through mail order contact Oxford at 1-800-760-4566.

Editors Note: In the last issue of the local Health Capsule (Spring 2003) a statement was erroneously included regarding the availability of mail order prescription drugs to SHBP members in the article "Reducing Health Care and Prescription Costs." We failed to clarify that a mail order prescription drug plan is not available to members who participate in the Traditional and NJ PLUS plans. We apologize for any confusion that this may have caused.

HIPAA Privacy Practice

If you have been to a medical provider or purchased prescription drugs at a pharmacy since April 14, 2003, you may have been asked to read and sign a new document for compliance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy policies. In April, a notice was sent to all SHBP members regarding how the SHBP may access and use Protected Health Information (PHI). The health information maintained by the SHBP consists of current enrollment, eligibility, premium billing information, correspondence, and State Health Benefits Commission appeal records. (Information regarding a specific claim, payment of a claim, or medical records must be referred to the health or dental plan carrier or the provider of the service.) HIPAA allows the SHBP to share PHI only with participating health plans, hospitals, providers, and others who assist the SHBP in providing a member with treatment or claim payment. Other groups or individuals who are not directly involved with providing treatment or processing of claims do not have access to your PHI.

For more information regarding HIPAA privacy or to view the *SHBP Notice of Privacy Practices*, visit our Web site at:

www.state.nj.us/treasury/pensions/hipaa_notice.htm

Web-based Presentations for Open Enrollment

The SHBP is once again providing an Internet based presentation to inform members about the SHBP Open Enrollment. The presentation highlights key benefits offered by SHBP health plans and links to additional resources for Open Enrollment materials and information. The presentation can be viewed 24 hours a day, seven days a week, through a link at www.state.nj.us/treasury/pensions/shbp.htm. Follow the link to the Internet presentations in the "Open Enrollment" section on the SHBP home page.

Horizon has a New Internet address

Horizon Blue Cross Blue Shield of New Jersey's Web site can now be accessed through: www.horizonblue.com. The Web site still has the same helpful information about their products, services, programs, and resources, such as:

- ◆ access your claim status, view referrals and authorizations;
- ◆ request an ID card, find a participating doctor or hospital in or outside of New Jersey;
- ◆ download forms; and
- ◆ link to benefits information, special programs, and wellness and discount programs.

SHBP Related Publications

Since there are no benefit changes during Open Enrollment this fall, there will be no revisions to the current SHBP publications. We anticipate revisions to these publications in the Spring 2004. The current publications are:

- ◆ *Summary Program Description* (January 2003);
- ◆ *Comparison Summary* chart (January 2003);
- ◆ *NJ PLUS Member Handbook* (January 2001 with current errata sheet);
- ◆ *Traditional Plan Member Handbook* (January 2001 with current errata sheet); and
- ◆ *Employee Prescription Drug Plan Handbook* (September 2000 with current errata sheet).

New Jersey SHBP

Health Capsule

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Health Capsule is published periodically for municipal, county and school board employees and is designed to keep employees informed about developments in their health benefits program. The newsletter will address issues affecting your health and prescription benefits and will include articles on new or proposed legislation, New Jersey Administrative Code changes, decisions of the State Health Benefits Commission, and national issues affecting our programs.

The selections in this publication are for information purposes only and, while every attempt at accuracy is made, it cannot be guaranteed.

If you would like to see any particular health benefits issue addressed, please forward your ideas to *Health Capsule*, Division of Pensions and Benefits, Office of Client Services, P.O. Box 295, Trenton, NJ 08625-0295.

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